

**BOARD OF COUNTY COMMISSIONERS
GULF COUNTY, FLORIDA**

1000 CECIL G. COSTIN SR. BLVD., ROOM 302 , PORT ST. JOE, FLORIDA 32456

Application for appointment to
Gulf County Advisory Board, Committee or Council

Name:

Date:

Gulf County Advisory Board or Council Vacancy that you are submitting this application for:

Organization/Business:_____

Business Address:_____

Home Address:_____

Telephone:_____

Email Address:_____

Business Website:_____

Are you a registered voter in Gulf County? Yes_____ No_____

How long have you lived in Gulf County?_____

Qualifications

Please describe your area of expertise and/or interest that will benefit the citizens of Gulf County, the Gulf County Board of County Commissioners in their duties to the citizens, and the other members of this advisory board or council. (Please attach to this page if additional space is needed and additional resume and attachments you feel will be helpful in this review and consideration.)

This image shows a blank sheet of white paper with horizontal ruling lines. The lines are evenly spaced and extend across the width of the page. There are no margins, text, or other markings on the paper.

I have reviewed the Gulf County guidelines and policies of the advisory board, committee or council for which I submit this application. I have also reviewed and acknowledge my understanding and strict compliance with all county policy and procedures which include both the Gulf County Sunshine and Open Public Meeting Policy as well as the Gulf County Public Records Policy should I be selected and appointed in this advisory role. By signing below I hereby certify my understanding and agree to adhere to all regulations and terms as set forth by the Gulf County Board of County Commissioners in its expectations and requirements of my advisory role. As a member of this advisory board, committee or council I will remain in good standing with the Gulf County Board of County Commission and understand that I must meet at all times the necessary requirements to carry out this vital role in the proper function of county business and governance and my compliance with all local and State responsibilities that come with the appointment.

Signed: _____ Date: _____

Printed Name: _____

Title:

Please return this completed form and any attached documents to Gulf County Administration in person or by mail to: 1000 Cecil G. Costin Sr. Blvd., Room 302, Port St. Joe, Florida 32456